



CT IMAGE ACQUISITION FORM

ID NUMBER:									
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FORM CODE: CTA
VERSION: 2.0 02/07/12

Visit Number		
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SEQ #			
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0a) Form Date: / /

0b) Initials:

**This form is to be completed for each subject exam and phantom CT scan.
This form should be submitted with the CT DVD/CD to the Reading Center.**

Keep one copy of this form at the Clinical Center as a source document.

Site ID			Scanner ID		

1) CT Date / /

2) CT Technologist:

3) Scanner Name/Location:

4) Study Visit (circle one): Scan 1 Scan 2

5) Acquisition Date / /

6) Acquisition Time : AM / PM

CT IMAGE ACQUISITION

	Completed	Scan	(perm skip)	mA or mAs	kV	DFOV	CT Dose Index (CTDI)	SFOV (if GE)	Collimation (if Siemens)
7)	<input type="checkbox"/>	INSPIRATION					_____ mGy		
8)	<input type="checkbox"/>	EXPIRATION					_____ mGy		

9. CT IMAGE QUALITY

10. Body Mass Index (BMI)

9a)	Adequate Inspiratory Scan	Yes	No	BMI Range	mAs selection	Indicate	Actual BMI
9b)	Motion Artifact	<input type="checkbox"/>	<input type="checkbox"/>	>30	Large	<input type="checkbox"/>	
9c)	Inclusion of All Part of Lungs	<input type="checkbox"/>	<input type="checkbox"/>	20 to 30	Medium	<input type="checkbox"/>	
9d)	Adequate Expiratory Scan	<input type="checkbox"/>	<input type="checkbox"/>	<20	Small	<input type="checkbox"/>	_____

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11) Scanner Model/Manufacturer: _____

12) Convolution Kernel: _____ 13) Pitch: _____

14) Slice Thickness: _____ 15) Slice Separation: _____ 16) Rotation Speed: _____

17) Scan Archived

18) Scan burned to disk

19) Disk containing scan given to Study Coordinator for de-identification and transmittal

I certify that this examination was performed according to the SPIROMICS protocol. I certify that this scanner has been maintained according to the manufacturer's specifications.

Technologist Signature

Printed Name

Date